

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PROCESS FOR THE PREPARATION OF CATALYST MICROSPHERES

the specification of which:

☒ is attached hereto

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. All factual statements made in the specification of my own knowledge are true and all factual statements made on information and belief are believed to be true.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

			<u>Priority Claimed</u>
<u>02080617.0</u>	<u>EUROPE</u>	<u>18 DECEMBER 2002</u>	<u>X</u> Yes <u> </u> No
(Number)	(Country)	(Day/Month/Year)	
			<u> </u> Yes <u> </u> No
<u> </u>	<u> </u>	<u> </u>	
(Number)	(Country)	(Day/Month/Year)	

I hereby claim the benefit under Title 35, United States Code § 119 of any provisional application(s) listed below:

60/445,378	United States	06 FEBRUARY 2003
Appln. Ser. No.	Country	Day/Month Year

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112,

(Appln. Ser. No.) (Filing Date) (Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following as my attorneys of record, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent Office:

Louis A. Morris, Reg. No. 28,100
Ralph J. Mancini, Reg. No. 34,054
Joan M. McGillicuddy, Reg. No. 35,608

Richard P. Fennelly, Reg. No. 25,677
David H. Vickrey, Reg. No. 30, 697
Lainie E. Parker, Reg. No. 36,123

Direct all correspondence to: **Louis A. Morris**
Akzo Nobel Inc.
Intellectual Property Department
7 Livingstone Avenue
Dobbs Ferry, NY 10522-3408
(312) 544-7378

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Sec. 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor **Monique Van Der Zon**

Inventor's signature _____

Date _____

Residence Purmerland, Netherlands

Citizenship Dutch

Post Office Address Purmeland 58, 1451 ME Purmeland, Netherlands

Full name of second inventor, if any Erik Jeroen Laheij

Inventor's signature _____

Date _____

Residence Amstelveen, Netherlands

Citizenship Dutch

Post Office Address Graaf Aelbrechtlaan 14, 1181 SW Amstelveen, Netherlands

Full name of third inventor, if any Paul O'Connor

Inventor's signature _____

Date _____

Residence Hoevelaken, Netherlands

Citizenship Dutch

Post Office Address Hogebrinkerweg 9, 3871 KM Hoevelaken, Netherlands

Full name of fourth inventor, if any _____

Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____